



**Commonwealth of Massachusetts**  
**Board of Building Regulations and Standards**  
**Manufactured Buildings Program**  
***LABEL REQUEST FORM***

**This Section for State Use Only**

Date Processed		Label Numbers:	Issued by:
Fee Received	\$		
Check Number			

**This Section to be Completed by Manufacturer - PLEASE PRINT OR TYPE**

<b>SECTION 1 - MANUFACTURER INFORMATION</b>		<b>BBRS\DPS I.D. #</b>	
Manufacturer Name		MC #	
Street			
City/State/Zip			
Telephone Number: ( )	Fax Number: ( )	Email:	
Manufacturer - Plant Inspector			
Third Party Agency		TPIA #	
Number of Labels		Total Amount Attached	\$
Manufacturer's Serial Number		Manufacturer's Model Designation	

**SECTION 2 - LOCATION OF BUILDING**

Street	
City/State/Zip	

**SECTION 3 - BUILDER/DEALER/CERTIFIED INSTALLER INFORMATION**

Builder/Dealer			
Street			
City/State/Zip			
Certified Installer			
Licensed Construction Supervisor		License Number:	
		Expiration Date:	

This form shall be completed by the manufacturer when requesting manufactured building labels. All information shall be clearly indicated. Incomplete forms will be returned to the manufacturer unprocessed.

This request shall be forwarded to the **BBRS / Dept. of Public Safety**

**50 Maple Street, Suite One**  
**Milford, MA 01757-3698**  
**ATTN: Linda Shea**

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April, 2015